

# KanCare Advisor

*This monthly news bulletin is designed to provide updates on the readiness and implementation of KanCare. Information is published by the Kansas Department of Health and Environment and the Kansas Department for Aging and Disability Services.*

May 10, 2013



## From Shawn Sullivan, *Secretary, KDADS*

Change is difficult, and it can be especially difficult for people who rely on others for needed services and supports. Change is also difficult for the providers who support these individuals. I would like to publically acknowledge and thank all service providers around the state who have worked so hard on KanCare implementation. This has been a team effort with thousands of people working tirelessly for the common good of those we serve.

While change is difficult, it often can be a good thing and I believe change will be beneficial for the Kansans served through the Intellectual and Developmentally Disabled (I/DD) HCBS program scheduled to be fully included into KanCare January 2014. Unfortunately, there is an advocacy campaign with a lot of misinformation that has created heightened anxiety and fear for persons served as well as their family members and guardians. It is important to know what will and will not change for these Kansans. Here are the facts:

- Eligibility determination will remain the responsibility of Community Developmental Disability Organizations (CDDO) as set by the Kansas Developmental Disability Reform Act (DDRA).
- The ability of a person to keep his or her I/DD targeted case manager through a CDDO, a community service provider or independent case management organization is protected by the DDRA.
- The ability of a person served through the I/DD program to keep their current providers is protected by KanCare health plan contracts.
- The MCOs will **NOT** have the authority to arbitrarily reduce I/DD plan of care hours for I/DD long-term services and supports.
- CDDOs will continue to complete the BASIS assessments that determine the level of funding for long-term services.
- Any reductions in plans of care would have to be reviewed and approved by the Kansas Department for

## Aging and Disability Services (KDADS).

What will change is that there will be more of a focus on integrating and coordinating I/DD HCBS services with behavioral and physical health services and also a heightened focus on employment supports. These areas of focus will be aided by the flexibility of services available through KanCare as compared to the HCBS scope of services.

Looking at the big picture, and looking ahead, the inclusion of the I/DD HCBS program into KanCare ultimately will provide financial stability to the system. And it will allow the state to continue to provide these services and supports over the long run.

It is imperative that these facts reach families statewide. Here at KDADS we are providing links and resources to provide factual information to families and to persons with I/DD.

For more information, visit our website at [www.kdads.ks.gov](http://www.kdads.ks.gov).



## ***Helping a Member Live at Home***

A Member with I/DD was in the hospital, and was recommended for a rehabilitation facility. She did not necessarily need the rehab facility, but did not have the equipment and modifications necessary to return home. Her I/DD Provider requested Care Coordination from us. We purchased grab bars; a raised toilet seat; and a small, inexpensive wheelchair that would fit through her bathroom doorway at home. With this equipment and home health support, she was able to go home from the hospital instead of going into a rehab facility.

- Sunflower State Health Plan

## Meetings for Consumers Receiving Long-Term Services and Supports - May 21-23

Home and Community Based Services waiver focus groups will be held in six cities over three days: May 21, 22 and 23. There will be two sessions at each venue to provide options between afternoon and evening: Consumers and family members can come either 1-3 PM or 6-8 PM. Each session will be open for two hours, but individuals can come and go at any time during that session. The focus groups will be facilitated by state staff and staff from the Center for Community Support and Research from Wichita State University. Invitations have been mailed directly to all HCBS waiver participants. Notifications will also be sent to all Medicaid certified nursing facilities, senior centers and ADRCs.

Meetings will be in Coffeyville, Garden City, Wichita, Hays, Lawrence and Salina

For details, go to <http://www.kancare.ks.gov/events.htm>.

### From the Advisory Council:

The next meeting of the Governor's KanCare Advisory Council is Tuesday May 14 from 2 p.m. to 3:30 p.m. in Curtis State Office Building, Room 530

The following two workgroups are extensions of the Council. Both workgroups meet at the DCF Learning Center, 2600 SW East Circle Drive South in Topeka.

**Consumer and Specialized Initiatives (CSI)** - June 4 from 10 am—12:30 pm

**Provider and Operations Issues (POI)** - June 26 from 1:30—3:30 pm

### ***Helping a Member Get the Care He Needs***

A member, who was homeless after his mother passed away as a result of Huntington's disease, voluntarily remained at the jail post-release. He had been incarcerated for stealing food from a retail store. Huntington's disease is hereditary and affects the nervous system, leading to both physical and psychiatric disabilities. Our member had inherited the disease, which contributed to his stealing food for survival. In addition to his neurological disorder, he had also been recently diagnosed with a cancerous tumor. We knew more could be done to help this member live in the community with appropriate resources. His Amerigroup Kansas care coordinator guided him through the eligibility process for waiver services and facilitated access to the long-term services and supports he needs. With the help of our team, we were able to get him out of jail and off the streets while ensuring he receives integrated care and support to help him live as independently as possible.

-Amerigroup Kansas

### **Ombudsman Update**



*James Bart*

I am pleased to report that the Office of Ombudsman has maintained a consistent and manageable work load. Contact volume continues to average 60 contacts per week with an average response time of 4 hours from the initial contact. A web-based application has been developed, called The Ombudsman Contact Log, with 632 calls documented to date and with e-mail contacts currently being added to the log. Once this database is complete, I intend on constructing reports and monitoring activity via the web application.

I am in the final stages of adding an additional staff member to provide better customer service and allow me to travel to personally address consumer concerns. I envision less reliance on voice mail, better documentation of contacts, and improved classification of concerns and documentation of resolutions.

Emerging issues include changes in plans of care, pharmacy prior authorizations and establishing communication with care coordinators. Consumers continue to request changes in their designated primary care provider and have questions concerning the current status of providers in joining the networks.

I am involved in various workgroups and continue to participate in consumer forums. I will present at the next round of KanCare tours.

Thank you for allowing me to update you on the activity of the Ombudsman's office.